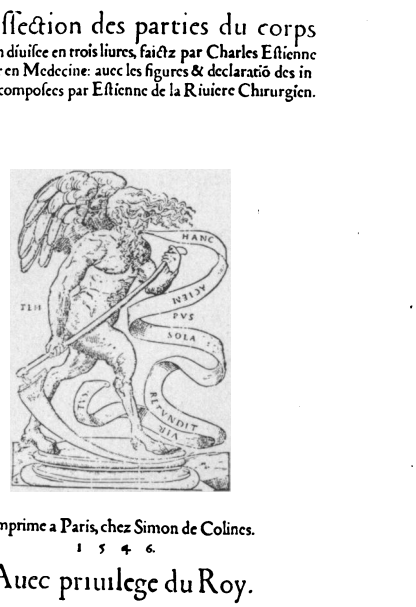

Fig. 6.—Title page to Charles Estienne's *La dissection des parties du corps,* published by Simon de Colines in Paris, in 1546.

scripts. It was the Lyons printers who popularized the more convenient smaller sizes. Books are usually classified by size according to the number of times the printed sheets are folded in binding. Just folded once they are "in folio." Folded to give four pages, they are "in quarto"; to give eight pages they are "in octavo," and so on.

The most famous Lyons printer was Gryphius, who appropriately enough used a griffin as his device. In 1532 he published in 12mo one of the first authoritative Latin translations of the Greek of Galen and Hippocrates, made by the great Francois Rabelais, author of the first novels, *Gargantua* and *Pantagruel.* Rabelais lectured for many years on medicine, and is even supposed to have written his witty novels in the attempt to make his sick patients laugh and thus the more easily get well.

In these handy little formats most of the ancient medical authorities were issued from the busy press of another more strictly medical printer in Lyons. This was Rovillius, whose device may be seen on many of the early Renaissance medical texts. He put his books out especially for the use of students—that is, in a handy form, and at a little more reasonable price than that charged for the more magnificent tomes of other printers.

With Simon Colines, Paris came into its own in the fine art of printing. The bootlegging of Lyons books into the capital made it apparent that there was real demand for good books, and Colines secured the ecclesiastical permission to do his best. He issued many texts of Galen, with translations made by the best literary men of the time, among them Thomas Linacre, who founded the Royal College of Physicians of London, and Guinter of Andernach, one of the teachers of Vesalius. He also issued in 1537 one of the rare little medical tracts of Michael Servetus, who discovered the pulmonary circulation, and who was burned under Calvin at Geneva in 1553 for his theological ideas. One of Colines' most ambitious medical books was the *De dissectione partium corporis humanis* of Carolus Stephanus, or Estienne (1506-1564), who was himself a member of a great family of Parisian printers, and who antedated Vesalius in trying to make a real study of the human anatomy. Unfortunately this fine folio did not have the same artistic plates that made Vesalius' work so successful, and it was not published until two years after the appearance of Vesalius' book.

The Stephanus family, Robert, Charles, and Henri, published several fine medical works. The first folio of Alexander of Trales, in Greek text, came from their press in 1548. Henri himself wrote and printed one of the first and handiest medical dictionaries, the *Dictionarium medicum* in octavo in 1564.

University of California Medical School.

(Part II of this paper will be printed in the February issue.)

Note: Pictures of the title pages of many of the books mentioned above may be seen in Sir William Osler's *Evolution of Modern Medicine,* New Haven, 1920. In the huge catalogue of his library, compiled by W. W. Francis, Archibald Malloch, and L. L. Mackall (*Bibliotheca Osleriana*), one may find interesting notes on many of the significant finely printed medical books. One may also turn to the many beautiful catalogues issued by Maggs Bros. of London, R. Lier of Florence, and Hertzberger of Amsterdam, for items about the medical books of the famous presses of the world.

CLINICAL NOTES AND CASE REPORTS

EXTENSIVE FRACTURE OF SKULL*

REPORT OF CASE

By S. Nicholas Jacobs, M. D.
AND
Lawrence M. Trauner, M. D.
San Francisco

THE following case is interesting from the standpoint of the great amount of damage sustained by the skull, yet resulting in complete recovery of the patient.

F. L., male, white, age twenty-two, on February 12 was thrown to the street from a motorcycle, striking his head against the curbing. He was rendered unconscious for about five minutes, after which he was semistuporous. Upon removal to the Sutter Hos-

* From the Sutter Hospital, San Francisco.

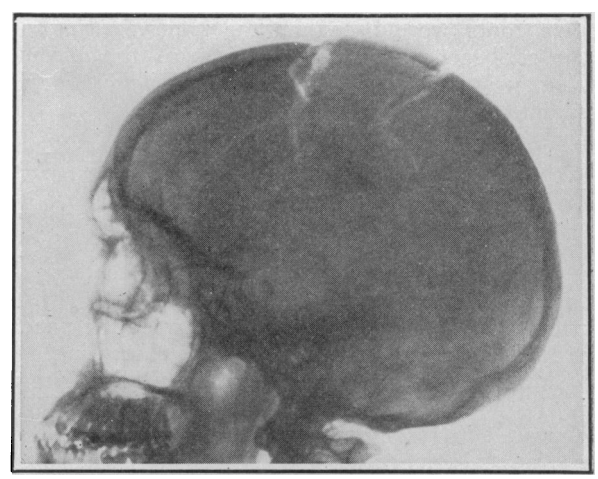

Fig. 1.—Lateral View

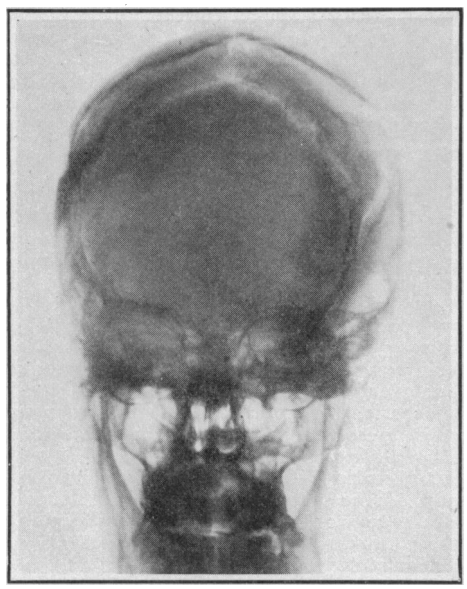

Fig. 2.—Posteroanterior View

pital it was noted that there were multiple lacerations about the scalp and face with evidence of considerable hemorrhage. There was no bleeding nor escape of cerebrospinal fluid from the ears, nose or mouth. Respiration was regular and quiet, 18 per minute; pulse regular, 80 per minute; blood pressure, 120/80. There was no motor disturbance of the face or limbs. Deep and superficial reflexes were all present and normally active. Pupils were equal, regular, and reacted to light. There was some vomiting, but not of the projectile type.

Three to four hours later some symptoms of acute intracranial pressure developed: the blood pressure showed a marked fluctuation ranging from 90 to 130 systolic and 10 to 68 diastolic, with a consequent variation of the pulse pressure; the pulse and respiration became slower, but remained regular. This condition lasted five days, after which the symptoms subsided, the blood pressure, pulse, and respiration remaining at constant levels. Temperature was subnormal upon admission and normal thereafter.

X-ray pictures taken upon admission showed (Figs. 1 and 2) a very extensive comminuted fracture involving both parietal bones. On the right side a fragment had been depressed into the cranial cavity. There was also a depression of the upper fragment of the parietal on the left side. There was a marked diastasis of the coronal suture and of the sagittal suture anteriorly. This diastasis no doubt accounted for the symptoms subsiding after the immediate effects of shock: the patient had decompressed himself.

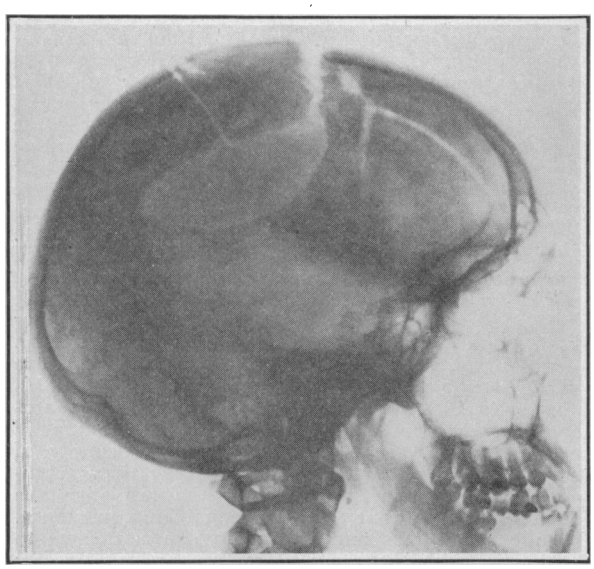

Fig. 3.—Showing a large ovoid defect in the right parietal bone where the comminuted and overlapping fragment had been removed.

The patient's general condition improved steadily under absolute bed rest and sedatives. At this time the question arose as to the advisability of surgical intervention, it being felt that the depressed piece of bone would irritate the cerebral cortex. However, due to the extreme shock sustained, it was deemed advisable to wait one month before removal was attempted. This was concurred in by Dr. H. Naffziger, who saw him in consultation with us. The patient improved steadily during this interval of time and operation was then performed. The fracture and overlapping bone were exposed through an inverted U-shaped skin flap. After removing the overlapping portions of bone, the dura was found to be intact but markedly thickened and congested. X-ray pictures were taken four days after the operation (Fig. 3).

Recovery was uneventful and the patient was allowed to leave the hospital on the fourteenth day after operation. The trephined area in the right parietal region was protected externally by an aluminum plate. He did not complain of any headache or dizziness and was mentally alert. He has continued to improve up to the present time, seven months after the accident, and no signs of cerebral irritation have developed. The trephined area has filled in to within a space one centimeter in diameter.

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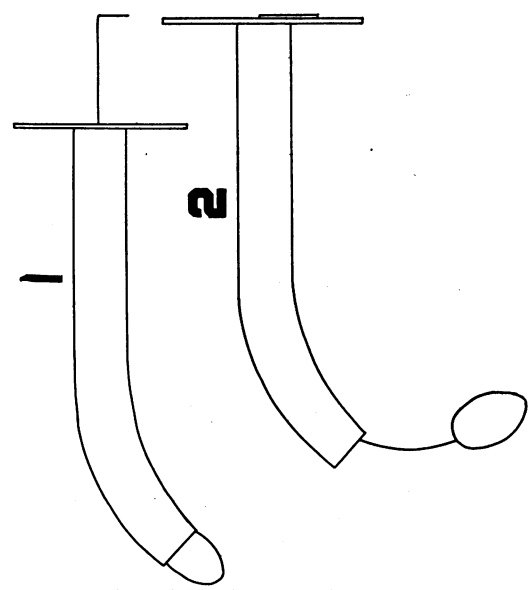
SELF-RETAINING INTRA-UTERINE PESSARY

REPORT OF CASE

By OLGA MCNEILE, M. D.
Los Angeles

AFTER eighteen years' experience with different forms of self-retaining pessaries, it has finally been my privilege to find one that is nearly perfect.

The glass stems used in the past were satisfactory except for the danger of breaking (I have removed several broken ones). The aluminum, gold, and silver ones caused a cervical irritation



Self-retaining intra-uterine pessary